## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

|   | CLAIMS AS FILED - PART I  |   |             |                                  |                  |          | 11/5/12/385 |                 |  |                     |                 |  |  |  |
|---|---|---|-------------|----------------------------------|------------------|----------|-------------|-----------------|--|---------------------|-----------------|--|--|--|
|   | TOTAL OL  | <u> </u>  |             | (Column 1) (Column 2)            |                  | SI       | MALL E      | NTITY           |  | ОТН                 | ER THAN         |  |  |  |
|   | TOTAL CLAIMS 7  |   |             |                                  |                  | 7 –      | RATE        | FEE             |  |                     | LL ENTITY       |  |  |  |
|   | FOR   |   | NUMB        | NUMBER FILED NU                  |                  | 7 F      | ASIC FEI    | <del>- </del> - |  | RATE                |                 |  |  |  |
|   | TOTAL CHAR  | GEABLE CLAIM  | s 1         | 7 minus 20= *                    |                  | 1 1      |             | 303.0           | 01                                       | R BASIC F           | EE 770.00       |  |  |  |
|   | INDEPENDEN  | TCLAIMS   | 7           | / minus 3 = * /                  |                  |          | X\$ 9=      | ļ               | Ot                                       | X\$18=              |                 |  |  |  |
| IL  | MULTIPLE DEPENDENT CLAIM PE   |   |             | RESENT                           |                  | 1 1      | X43=        |                 | OF                                       | X86=                |                 |  |  |  |
|   | If the differen   | ne difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II |             |                                  |                  |          |             |                 | OF                                       | +290=               |                 |  |  |  |
|   |   |   |             |                                  |                  |          |             | 385             | OF                                       | TOTAL               |                 |  |  |  |
| -   |   | (Column 1) (Column 2) (Column 2)  |             |                                  |                  |          |             |                 | OTHER THAN SMALL ENTITY OR SMALL ENTITY  |                     |                 |  |  |  |
| {   | (   | CLAIMS<br>REMAINING   |             | HIGHEST                          |                  | , L      |             |                 | OR                                       | SMALL               | ENTITY          |  |  |  |
| AMENDMENT A   |   | AFTER AMENDMENT   | 1           | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | R        | ATE         | ADDI-<br>TIONAL |  | RATE                | ADDI-<br>TIONAL |  |  |  |
|   | Total   | *   | Minus       | **                               | =                |          | 9=          | FEE             | -  | <b> </b>            | FEE             |  |  |  |
| A   | Independent   |   | Minus       | ***                              | =                |          |             |                 | OR                                       | X\$18=              |                 |  |  |  |
| ┞   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |             |                                  |                  | X.       | 13=         |                 | OR                                       | X86=                |                 |  |  |  |
|   |   |   |             |                                  |                  | +1       | 45=         |                 | OR                                       | +290=               |                 |  |  |  |
|   | ,   | •   |             |                                  |                  | Anna     | OTAL        |                 | OR                                       | TOTAL               |                 |  |  |  |
|   | (Column 1) (Column 2) (Column 3)  |   |             |                                  |                  |          |             |                 |  | TOTAL<br>ADDIT, FEE | <u> </u>        |  |  |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING   |             | HIGHEST .<br>NUMBER              |                  |          |             | 4001            | <br>1 r                                  |                     |                 |  |  |  |
|   |   | AFTER<br>AMENDMENT  |             | PREVIOUSLY PAID FOR              | PRESENT<br>EXTRA | RA       |             | ADDI-<br>IONAL  | -  | RATE                | ADDI-<br>TIONAL |  |  |  |
| S   | Total   | *   | Minus       | **                               | =                | X\$      |             | FEE             | -  |                     | FEE             |  |  |  |
| A   | Independent   | *   | Minus       | ***                              | = ·              | <b> </b> |             |                 | OR                                       | X\$18=              |                 |  |  |  |
|   | FIRST PRESE   | NTATION OF MI   | JLTIPLE DEP | ENDENT CLAIM                     | 1 0              | X4:      | 3=          |                 | OR                                       | X86=                |                 |  |  |  |
|   |   |   |             |                                  |                  | +14      |             |                 | OR                                       | +290=               |                 |  |  |  |
|   |   | (Calument)  |             |                                  |                  | ADDIT.   | TAL<br>FEE  |                 | OR A                                     | TOTAL<br>DDIT. FEE  |                 |  |  |  |
|   | `   | (Column 1)<br>CLAIMS  |             | (Column 2)                       | (Column 3)       |          |             |                 |  |                     |                 |  |  |  |
|   |   | REMAINING   |             | HIGHEST<br>NUMBER                | BBESEVE          |          | Ι,          | DDI-            | _  |                     |                 |  |  |  |
| <u> </u>  |   | AFTER<br>AMENDMENT  |             | PREVIOUSLY                       | PRESENT<br>EXTRA | RAT      |             | ONAL            |  | DATE                | ADDI-           |  |  |  |
| AMENUMENT   | Total   |   | Minus       | PAID FOR                         | =                | <b> </b> | F           | EE              |  | RATE                | TIONAL<br>FEE   |  |  |  |
| ואַ בּוּ  | ndependent  |   | Minus       | ***                              | =                | X\$ 9    | =           | (               | OR                                       | X\$18=              |                 |  |  |  |
| 1   | IRST PRESE  | NTATION OF MU   | LTIPLE DEPE | NDENT CLAIM                      | <del></del>      | X43      | ₌           |                 | OR                                       | X86=                |                 |  |  |  |
|   |   |   |             |                                  |                  | +145:    |             |                 | <u>                                 </u> | .000                |                 |  |  |  |
| · ir ti<br>••    †<br>•••• •••  | If the "Highest Number Previous In 18 less than the entry in column 2, write "0" in column 3  |   |             |                                  |                  |          |             |                 |  | +290=<br>TOTAL      |                 |  |  |  |
| Th  | The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Indexes than 3, enter "3."  TOTAL ADDIT. FEE |   |             |                                  |                  |          |             |                 |  |                     |                 |  |  |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |             |                                  |                  |          |             |                 |  |                     |                 |  |  |  |